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Original

THE PROBABLE FUTURE OF THERAPEUTICS.

BY JAMES ROBIE WOOD, M. D., NEW YORK.

Read before the Society of Medical Progress, February 13, 1897.

IDENTICA, SIMILIA, CONTRARIA. BY THESE SIGNS WE WILL CONQUER.

Unjust skepticism is an unconscious ally of ignorant superstition. Unreasonable doubt expressed by prominent leaders of thought may prove more fatal to the development of new truths than the blind faith of ignorance.

Distinguished doubters often paralyze inquiry, especially among a large class of highly-respectable and well-educated persons, who, having mastered the statute books of knowledge, case-hardened their brains against the invasion of thoughts that have not the seal and sanction of authority.

Without some court of appeal irresponsible fanaticism would run riot with science; therefore, it is a

sacred duty to respect and strengthen those in authority, but no one is conscience-bound to bend in abject submission to the whims and prejudices of every scientific body, especially as they are not of divine appointment.

It is not always wise to disregard little things; the despised of yesterday is honored to-day, and what seems foolishness to-day may be considered the essence of wisdom to-morrow. Let all take warning by the errors of the highest courts of science.

In 1805 the derisive laughter of the Academy of France caused even that human tornado, Napoleon Bonaparte, to feel humiliated at the

thought of the possible ignorance of his question, when he asked that august assembly of learning and wisdom to consider the feasibility of applying steam to navigation, as had been proposed by Fulton. Yet steam moves ships of war to-day, and locomotives whistle, as it were, in mockery as they pass the graves of those doubting academicians. The French Academy also declared that the lighting of buildings by gas was an impossibility, and when Arago spoke of the electric telegraph, the same body greeted with contemptuous laughter what they considered Utopian nonsense. Early in the century the learned of another kingdom fastened humbug to the character, while idle boys pinned phrases of ridicule to the coat-tails of Lux and his friends because they dared to assert that there existed in many diseases, especially those of a contagious nature, an inherent principle of curative value when properly isolated and applied to the self-same diseases. I have in my possession quaint old vials containing phthism, scarletina, hydrophobia, etc., prepared by the despised and misunderstood isopaths. To-day we are unconsciously honoring the memory of those martyrs of science by proclaiming confidence in the antitoxins, which, with the crude appliances of nearly a century ago, they endeavored to develop.

The danger of individual supremacy enslaving even the learned and deifying eminent teachers is well shown by the influence of that broad and liberal leader among the fathers of medicine, Claudius Galen. A little more than seventeen hundred years ago, finding the medical profession divided into various sects, he refused to join any of their parties. He particularly despised those who slavishly hung their faith upon any one master. Yet his wonderful ability made him an obstacle for many generations to medical progress.

The worshiped regard in which Galen was held enslaved medical men for centuries. It was considered almost criminal to differ from him. Indeed, it is doubtful if medicine was released from his influence until there appeared a remarkable

person, who was born simultaneously with the discovery of America. He was a boisterous but brainy man, "full of fight" and in command of battalions of reasons "for the faith that was in him." He had a deadly hatred for the schools of his time. It was probably his contempt for the opinions of his professors at Basel that lost for Paracelsus his medical degree. "Whatever I know," he said, "I have learned by my experience, and I, therefore, depend upon my own knowledge, and not upon the ignorance of another." His violent antagonism to those physicians and apothecaries who considered it infamous to doubt the correctness of ancient theories brought down upon him their maledictions; hence we find him described as a drunken vagabond, a noisy, pompous braggart, full of conceit and insincerity. It is probable that this was an unjust exaggeration of his faults. His was that strong intelligence sometimes seen—a remarkable intuition "that leaves dull learning lagging far behind," combined with close observation, quick perception and tireless industry, stimulated by the constant hunger and thirst for curious and useful knowledge.

For many years he led the life of a medical tramp in order to interrogate the diseases of different nations and watch their changing aspects due to peculiarities of climate, occupation, national habits and passions, as well as the influence of luxury, hardship and squalor. At the same time he asked the mineral and vegetable kingdom for means to alleviate human suffering. "The book of Nature," he said, "is that which the physician must read, and to do so he must walk over the leaves." His wanderings among the Tartars and doubtless the Hindoos, unfortunately, added magic to his armamentarium, but future generations may learn to select the sound material and build a system upon what appears to our minds a mysterious superstition. While his use of mercury, antimony, opium, etc., has influenced the profession to the present day, some of his teachings, if not altogether ignored, have been practiced only by imaginative persons.

The use of animal magnetism he probably acquired while sojourning among the Asiatics. In all probability Paracelsus will in the future exercise an entirely different influence than he has up to the present. This view will be developed under general therapeutics at some future time in a separate paper.

Guided by records of the past, I have for many years tried to anticipate our medical future. Although of great disadvantage to me financially, yet it has yielded me much pleasure. Knowing what the older isopaths had done, I was led to imitate them twenty-two years ago, during the winter of 1875, at which time I inoculated living animals with disease, and from their blood and tissues prepared a serum and injected it into patients suffering from the same disease. At intervals covering a space of some years I instituted similar experiments with several diseases. During all that time two only were markedly benefited by the treatment—one suffering from pulmonary tubercle and the other from cancer. The latter was only temporarily relieved and the former passed from observation. Those studies and experiments, although unsatisfactory, gradually compelled an inquiry into probable therapies of the future. Both as to the sero-therapies and also general therapeutics.

To-night I shall speak only of what, in my belief, will be one of the sero-therapies of the coming century. Then, if my treatment of the subject is worth your consideration, I may at some other time attempt to speak of other probable therapies and of the remedies in general, which may increase the records of our therapeutic future.

In times to come the demands for marvels of healing will loudly resound over many ancient cemeteries of buried medical ideas; neglected graves will yawn and give up their dead, and when we view the almost endless procession of the resurrected suggestions of forgotten men, verily we shall have reason to exclaim: "Venerable men, you have come down to us from a former generation."

Before addressing myself to the probable, let me first try to say what is necessary on our part to make our medical future a happiness to ourselves and a blessing to those who come after us.

In the first place I make this earnest plea, that all sincere physicians give and demand liberty of conscience, and always exercise true charity.

"There are but two things," says Burke, "to which we can hold Truth and Charity. As it is not always easy to know Truth, let us hold to Charity." But I may add, if we are sure of truth we cannot sacrifice it to charity. First let us strive to make our medical societies what they should be—just to enemies, generous to the timid in their struggle for recognition, and always ready to render to others all the honor that is their due.

In order to fulfill their mission as preservers and promoters of thought and ideas, learned associations of scientific men should never permit their ranks to become fossilized by narrow men who dwarf the intellects of their associates into mere arrogant conservators of a stiff and stately conservatism; a sort of community of colonial dames who draw their skirts away from the contaminating touch of the blood of Poor Richard, whose wisdom helped to harness the lightning. As chosen lapidaries of thoughts and ideas, it is the duty of scientific bodies to gather from the lower strata of human minds great truths, unfashioned and uncouth as rough diamonds, and so cut and polish them that the mass of mankind may know their worth.

I believe there exists an unwritten law which should be a matter of pride to its members, that physicians, however obscure, may present any probable theory before this association, feeling assured that, even if not in accord with the sentiments expressed, "The Society of Medical Progress" will meet them with a just and generous antagonism.

Here a home for medical freedom of thought, within proper limits, may be found; here no old or new idea will be scorned unheard, and

kind consideration will be granted even to those whose stock in trade consists of but one idea. I understand that your only intolerance is toward those who willfully turn their backs upon the light because their grandmothers did, whose very swaddling clothes of infancy were hemmed with prejudice. Such men are apt to "look for the sun in the heels of their boots." Let the aim of its members be, individually and collectively, to make this society true to its motto, "Progress," and be a real propaganda of medical faith. Capture ideas whenever and wherever you find them, however contemptible the source, be it from ignorant savages or cunning charlatans. Bear in mind the old general's forcible words: "Why are you spiking your enemy's superior guns, colonel?"

"Because, sir, it is a good rule of war to follow when there are not horses enough to take the captured battery from the field. Besides we love our old guns." To this the general fiercely replied: "The best rules of war in the hands of damned fools, who know not how to take advantage of proper exceptions, would send our armies to perdition. If the devil's guns are better than yours spike your inferior cannon and give him hell with his own artillery."

For centuries medical men have frequently found their enemies' guns better than their own, and have tried to spike them, instead of wisely using them and throwing away their blunders and worn-out or exploded theories.

When Peruvian bark, which the simple natives of South America had long successfully used, was carried to Europe by the Jesuits the bitter animosity of physicians in authority to this precious drug consigned it to mercenary charlatans, until the confidence of the people compelled its general use. Within the memory of many hydrotherapy was treated as little more than quackery.

In proportion to our opportunities are we any better to-day? Valuable drugs have been ignored in our time because charlatans or despised schools used them. An extensive and masterly contribution to the

Materia Medica was published in several numbers of a German medical journal during 1854, wherein a full and accurate description of the effects of nitro-glycerine upon the healthy and indications for its use in disease was minutely given. Although this invaluable medicament was carefully studied long before 1854, and the results of those studies given to the world forty-three years ago, yet it is but little more than one decade since shrewd minds, taking advantage of medical prejudices, which are so potent in shutting out the light, won laurels which belonged to another's brow. Let us examine our conscience and ask whose fault it is that so many in our day mistake other people's brains for their own, and rush with their therapeutic burglaries to the daily press, and there these men with medical diplomas and commercial consciences, get an extensive recognition and abundant lucre, not only from the people, but even from some respectable physicians, who, in gaping wonder, read and believe.

I have hesitated thus long on the verge of my subject, thoroughly dreading the plunge. It was not until after this paper was promised that I became conscious of the magnitude of the undertaking and the vastness of my presumption.

Possibly you may conclude when the last word of this article has been uttered that, after all, it is but a mountain laboring to bring forth a mouse; but kindly remember that little things sometimes release great things from the toils of prejudice; a mouse may gnaw the meshes which entangle a lion.

The present idea of curing diseases by the use of serum containing some mysterious and unknown principle taken from identical diseases may attain a high and satisfactory development, but I am inclined to the belief that its curative power will be restricted to a few contagious diseases. Meanwhile a surer and safer serum of wide application will enter the therapeutic field with the incoming century. It will be an offspring of an ancient father of blessed and honorable memory, who has brilliantly won many hard-

fought battles against tremendous odds for a hundred years. This child of well-earned nobility will, like "great Chatham's greater son," be a pride and glory to its father. To the faithful laborers in the field of serum therapy the development of this great truth will yield splendid rewards. It may be severe in its exactions, requiring infinitely more painstaking research to secure the similitudes required than is necessary in our present system of seeking identities. It may demand the labors of centuries, and even compel the establishment of homes where communities of a priesthood of medicine may live and labor solely for the physical good of men, as others have done for their spiritual felfare.

What is this curative serum?

During the next century there will be developed many delicate shades in the division of all therapies; for their force and direction much will depend upon the mental and moral conditions of our educators, but of this later. There will arise in the near future three great divisions of sero-therapy; to the one to which I have alluded my remarks will be confined. Many sub-divisions may also appear, but to speak of these would at the present time be mere conjecture, while of the major divisions we may prophesy their coming with a fair degree of certainty.

The first division we already know in the present system of identity as seen in diphtheritic antitoxin. Its sub-divisions may be many.

The second division is the one to which I shall presently call your attention, that of similarity.

The third, which I shall try to consider at some future time, is the sero-therapy of antagonism.

This trinity, identity, similarity and antagonism, will inevitably sway the intelligence of the medical world during the twentieth century.

These three mighty allies will more successfully combat disease than has ever before been done in the medical history of mankind. Each and all have had the reverent regard of the lowly of many nations in all ages. Physicians must humbly acknowledge their indebtedness

to the simple people; for until our modern chemists gave to the world the products of their laboratories, a large part of our materia medica came from the homes of the humble, the wigwam and hut of the savage tribes and from the observing minds of those estimable persons whose loving hearts carried them to the bedsides of the sick in places where no other medical aid could be summoned.

As we are all conversant with the serum of identity, I shall proceed at once to a consideration of that of similarity.

The illustrious progenitor of the coming, and most valuable of all serum therapies, was that great truth wrested from obscurity by the immortal Jenner; he found a knowledge of it confined almost entirely to the poor. In the use of vaccine we have a most beautiful example of similarity. Cow-pox cannot by any means be cultivated into small-pox, nor can the reverse be done. Its great power depends upon the remarkable similarity of its pustules. Had it not been that the dazzling brightness of his discovery obscured his mental sight, Jenner might have constructed a general law. He came very near to this when he noticed the influence of herpes. He said: "I am convinced that the great impediment to vaccination is herpes." In another place he writes: "I have detected a case of small-pox after small-pox inoculation when the cause of failure was evidently an herpetic affection of the scalp." Again he says: "A single (herpetic) vesicle is capable of deranging the action of the vaccine pustule. Subdue it, and all goes on correctly."

Here we see where one disease, bearing only a slight resemblance to another, interferes with its full development. Now, if diseases closely simulating others are found, is it not reasonable to expect results in proportion to that similarity? Future students of medicine will assuredly find and apply such similitudes, and doubtless beneficial results will follow. But we must understand where and when to look for the evident, as well as the finer similarities.

This I shall endeavor to consider at some later date.

Future generations will wonder why those who represent the medical mind of this century were so invincibly ignorant of a truth whose echoes have reverberated down many centuries, sometimes faint as a whisper, and sometimes loud enough to be heard around the world had not a scoffing prejudice made men deaf.

To-day the medical ear is eager to catch the first cry of a new-born thought. The whole medical world is expecting at each click of the telegraph to be told of some new wonder or great hope and blessing for the suffering sick.

Even chance has been a willing and helpful handmaid to the sincere scientist. Had chance not left the sensitized plate directly beneath that historic Crookes tube, Roentgen's name might not have been a household word all over the civilized world to-day.

But a few years ago if told that man would be able to send unseen rays through opaque objects the learned professor might have said: "Such an absurdity is not worth inquiry." Chance will not forget the

sincere physician if he is faithful to himself. Soon I may be able to give more minute suggestions of the manner and means of cultivating this new field of sero-therapy, so that younger and better men may seek and find rich treasures, while we, who have been exhausted by failures, may never reach the promised land.

The future depends upon those physicians who do not wait for others to decide what manner of medical garment they shall put on. Let us be watchful that men do not deify the crucible, the test tube and the microscope—however helpful they may be, they are not all. There are eternal principles which must be consistently kept before our minds.

The materialism of the day must give way to sounder and more perfect philosophy, in which correct reasoning upon facts will give true and far-reaching conclusions.

While we must do all in our power to seek the heretofore invisible, and find, if possible, an endless line of causes, yet we should have a care lest in magnifying the material microscope we minimize the intellectual man!



NOTES ON SOME OF THE CLINICAL FEATURES OF TUMORS,
THEIR ANATOMICAL CHARACTERS, MORPHOLOGICAL ELE-
MENTS AND THEIR THERAPY, BY TENTATIVE, CONSTITU-
TIONAL OR RADICAL MEASURES.

BY THOMAS H. MANLEY, M. D.,

NEW YORK.

TUBERCULOUS TUMORS—CONTINUED.

PHLEGMASIC, NEOPLASIC AND
DEGENERATIVE OF THE
VISCERAL TYPE.

Tuberculosis of any organ except the lungs, of a description likely to come under the domain of surgery, until a comparatively recent date, has not received the attention its importance merits.

This malady in this instance, will be considered only as it is concerned in the role of tumor formations, and especially those of the viscera.

And let us first note the parts, the favorite site of its destructive ravages, in various periods of life, when it may be mistaken for malignant disease.

If we begin with the child, the structure most susceptible to it next to the absorbents is the cancellous, epiphyseal ends of the bones. But, it may find lodgment in the same structures after adult years, though not commonly, except in association with pulmonary invasion. This was well illustrated in the case of a young man who came under my care five years ago. The proximal head of the tibia was enlarged to nearly twice its normal dimensions, with

many characters pointing to malignancy. He gave a history of trauma, and of late the spread of the enlargement had been rapid.

A surgeon of large experience and of well-known conservative tendencies, the day before he came under my notice, pronounced the case osteo-sarcoma, and had advised immediate amputation above the knee-joint. The patient demurred and sought further advice.

After a very careful investigation into the case, the general condition and the local state, my opinion was that the pathological state present, was suppurative-osteomyelitis of a tubercular origin. The family physician was loathe to accept my view, though he advised the patient to submit to a test suggested by me, viz., that the head of the bone be drilled and the medullary canal opened. This was done the following day, when a large mass of pus, with several spiculae of necrosed bone was evacuated, through the large hiatus made in the eburnated bone wall. Recovery was rapid and has been permanent. Several similar cases presenting quite analogous

features have come under my observation.

The predisposition is inherent, there is the so-called locus-minoris-resistentiae, the person is injured; in one case, a malignant tumor; in another tubercular changes commence. But, why this difference in individuals? Ah! here the line must be drawn, and scientific inquiry must end.

Why, indeed, we don't know, or even care. Let us then be cautious in those cases of sudden local enlargement of the spongy ends of a bone, that we don't join in the popular clamor and stamp it "sarcoma." But who will do it without first making a microscopical examination of a specimen. And here is where the mischief comes in, for it certainly is a question whether it is possible in a hyperplasia in the marrow elements of epiphysis to determine by any description of a morphological examination the presence or absence of true malignant elements. It will be remembered that all true sarcomata are composed of non-differentiated or medullary elements; hence how by any means will one know for certain, in this instance, which are normal or which pathological? A rigid analysis of the clinical course of the case must be the only main reliance here as in a very large number of the neoplasmata.

Tubercular invasion of the visceral lymphatics, particularly those of the coelum in children, gives rise at times to tumor formations of considerable proportions.

In those of spare habits, we may often by digital manipulation readily trace their outline and relations to other parts. They are usually complicated with ascites and marked anemia.

Intumescence, with very marked enlargement and induration of the superficial or cervical lymphatics—said to be tubercular—is very common in children. This type of hyperplasia provides us with a large crop of tumors, which until lately were quite generally dealt with by the surgeon's scalpel.

A considerable number of growths in this situation in adults are dependent on diseased teeth, dead, decom-

posed fangs. If we would seek out the fons et origo of very many of those neoplastic masses of the lower jaw it will be well to make a rigorous inspection of the teeth.

We have a type of localized swellings in the neighborhood of joints, which when deeply lodged under muscles present many features of new growths; the so-called "cold-abscesses," which almost invariably are in immediate relation with the capsule of the articulation through tortuous sinuses, some times of great length. These are almost invariably tuberculous. Tuberculosis may be the starting point of acute or chronic localized phlegmasic processes in the lung, the kidney or any of the mucous surfaces, except those of the liver or the pancreas. Pyloric ulcer, typhilitis, paraty-philitis, pyelonephrosis, vesical or prostatic lesions, attended with enlargement, are evidently very often dependent on inflammatory changes of a tubercular character. These must be differentiated if possible from heterogenous formations or those allied to the normal tissues. And, in passing, at this stage of our study it may be well to note that trauma, an irritant, or a foreign body, may often provoke other neoplasia than malignant or tubercular. For example, a year ago a young woman came under my care for the removal of a persistent growth springing from the outer surface of the mandible, immediately under the surface of the masseteric attachment.

It recurred within a month after its avulsion. Now, as the patient was enciente it could not be attacked until after confinement. Clinically it had all the features of sarcoma. In fact, as it sprung from the lower jaw and attained enormous proportions, in one hospital of New York it was pronounced "sarcoma," and it was declared that the lower jaw must be carried away with the tumor. On the 31st day of March, '96, I was enabled to clear the entire mass away without hurting the jaw. This time two deeply-buried, necrosed fangs of the second and third molars were dug out from under the overlying gum tissue. Mi-

rospectical examination proved the tumor to be nothing other than a simple fibroma, and now—February 3, '97, more than ten months since operation—there is no trace of return.

Yesterday, February 2, '97, a single woman of 37 was referred to me for examination. She gave a history of having fallen violently from a step-ladder and striking on her left groin against the corner of a chair ten months previously. Since then she had a sense of soreness over the

left flank and latterly a fullness has appeared, which has in some manner, she believed, interfered with rectal and vesical function.

A careful examination pointed to a growth of ovarian origin, and this was confirmed by the withdrawal of some of its fluid contents per vagina, which under the microscope presented blood-corpuscles epithelia, fat-globules and crystals of cholesteroline. Here we have another growth, apparently stirred into activity by a trauma.



Editorial

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THE TWENTY-FIFTH ANNUAL CONGRESS OF THE GERMAN SURGEONS.

The Germans this year celebrated the twenty-fifth anniversary of their surgical society. It was made an occasion for a social reunion of European surgeons from the various adjacent nations.

Von Bergman opened the ceremonies by a discourse, in which he traced the progress of surgery during the nineteenth century, and the part which the German nation shared in this movement of scientific progress.

The most noted contributions were by Koenig, on "Articular Tuberculosis;" Esmarch, "Artificial Hemostasis;" Bruns, "Modern Treatment of

Goitre;" Woelfler, "Gastro-Interstitial Surgery;" Sonnenburg, "Surgery of the Appendix;" Langenbach, "History of Hepatic Surgery;" Alshausen, "Vaginal Hysterectomy for Cancer;" Jurgens, "Experimental Research on the Etiology of Sarcoma."

Jurgens maintains that there are infectious sarcomatous elements which may be conveyed by experiment from man to animals. These are the sporozoa, which develop the sarcoma. Inoculating the guinea pig with those elements he saw genuine sarcoma of the mesentery, the lung and kidney follow.

Immediately after inoculation the

substance injected becomes encysted. Now, the protoplasmic corpuscles penetrate through the endothelial wall, and finally we have the whole interior filled with a transformed round and ovoid coccidia.

These micro-organisms often make their way into the blood. This explains the singular rapidity with which we often find metastatic invasion of distant organs.

We may obtain the same result with melano-sarcoma, in which the malady may be transmitted from the second to the third generation—contrary to what we observe in the small round-celled sarcoma.

The author instituted a third series of experiments with the aid of the contagious epithelioma of the chicken.

M. Goldman admitted that the veins play a preponderating role in the dissemination of carcinoma.

The invasion is of three different processes. In the first the cellulæ make their way directly through the walls of the vessel and produce a thrombus. Again, only the outer elastic tunic of the vessel is involved, a periphlebitis and contraction of the lumen of the vessel produced. Finally, after a vessel is closed by a thrombus, the proliferating elements may seize on this.

Movable Cartilages.

M. Barth dealt with floating cartilages in the joints.

He believed that these were produced chiefly by two different processes. The first was by a traumatism, and the other by pathological changes—"the quiet necrosis" of James Paget and the dissecting osteo-chondritis of Koenig.

The floating cartilage of the knee of all the articulations, is produced by traumatism, the force necessary sometimes being very trifling. When the degree of displacement of the cartilage is slight there may be but little, if any, local disturbance; but in time excursions may begin, sometimes only at the end of several years, with the pronounced symp-

toms of liberated arthrophtyes. The detached cartilage may contract adhesions and give little trouble. They behave much like displacement in abdomen, giving little or no annoyance, except when widely dislodged. They may undergo resorption, though this is unusual, as their sharp border provokes an irritation, with fresh complications. In arthritis deformans, detachments of plaques of the articular surfaces is not uncommon.

Schmidt believed that we have two kinds of displaced cartilages, one living and one dead. In the former we have periosteum and perichondrium. These are the seat of an energetic proliferation; fibrillary prolongation penetrate their substance and transform them into bone.

Bacteriopathy of Tumors.

Petersen tried Coley's serum injections in 27 cases of neoplasms—10 of carcinoma and 17 sarcoma. He employed the sterilized cultures of the streptococcus pyogenes, and the bacterium-prodigiosus, pure or mixed. The clinical manifestations were most pronounced when the streptococcus was employed. There were chills, a quick, small pulse, cyanosis, vomiting, diarrhea, herpes-labiales, etc., but the effects were quite identical when one employed the micrococcus prodigiosus. These violent constitutional disturbances were attended with no marked retrogressive changes in the neoplasm. There was one only exception of a sarcoma of the parotid, which enabled Czerny to remove it by an operation.

Petersen carried his observations further, and tested their value in cancer of Emmerich and Scholl's cancer serum; the action is similar to Coley's, only it is four times less intense. The therapeutic result was absolutely nil. All these methods of treatment are dangerous; they expose the patient to a mortal intoxication, and often hasten the advance of the growth.



A FLOATING SPLEEN WITH TORSION OF ITS PEDICLE.

Dr. Amedo Dogliotti (Gazz. Med. di Tornio, August, 1896) reports a case illustrating this rare occurrence. The diagnosis of movable spleen with twisted pedicle is seldom made, because the condition is so rare. The autopsy or a laparotomy has in most instances revealed it. The cases that present the greatest difficulty in diagnosis are those that simulate intestinal obstruction.

In but one of the twenty-eight cases collected and reported by Urso was the diagnosis made. In the others a movable spleen was diagnosed, or the diagnosis was entirely erroneous.

In this case the patient was forty-eight years of age and a servant. Her previous history presented little of interest. Upon exertion she suffered lumbar and abdominal pains. These, however, would disappear after she had rested. She gave no history of malaria or syphilis.

While scrubbing the floor she was suddenly seized with intense pain in the left hypochondriac region. The pain was accompanied by vomiting and marked symptoms of shock, pallid skin and cold perspiration, etc. The whole abdomen soon became tense and painful, while the vomiting of bile continued. Nothing could be retained upon the stomach. Notwithstanding the purgatives and enemata that were given a movement of the bowels was not obtained until the third day, and from this time the general condition began to improve. On the fifth day from the beginning of the attack the patient still complained of violent pain in the left side of the abdomen. She vomited occasionally. The bowels moved regularly. The patient was emaciated and anemic. The abdomen was metric, tense and extremely

sensitive to touch, especially in the left hypochondriac region, where a mass could be felt about the size of a fetal head and flat, with its superior extremity beneath the costal cartilage, and its inferior extremity reached three fingers' breadth below the level of the umbilicus. From its external margin to the vertebral column the percussion note was tympanitic. The mass was immobile. The spleen was not felt in its normal place, nor could it be made out by percussion. The liver appeared to be normal. The patient suffered a little when urinating, but voided daily 1500 cc. of normal urine.

Vaginal examination showed no connection between the pelvic organs and the abdominal tumor.

No change in the composition of the blood nor in the lymphatic glands could be discovered.

The patient was treated with ice bags to the abdomen, opium by mouth and enemata.

The pain gradually subsided and the tumor could be outlined with more accuracy. The temperature came down from 38.4 degrees to 37.4 degrees. Beneath the soft-relaxed abdominal wall the tumor was found to have a convex form like a cake, larger below than above, with a thick round interior margin which was four centimetres distance from the median line, and an external margin nearly on the anterior axillary line. Toward the centre of the concave surface a depression was felt large enough to place a finger. The tumor could be moved slightly laterally, but not vertically.

The patient continued to improve so much that with the aid of an abdominal binder she was enabled to resume her work.

It was evident that the patient

was suffering from strangulation of some abdominal organ. The hard, non-fluctuating tumor giving dullness upon percussion and the absence of fecal vomiting excluded in-

testinal occlusion. The pelvic examination and location of the mass excluded the presence of an ovarian cyst.—(Am. Gyn. & Obst. Jour., Feb, 9.)

"BOTTLED VITALITY" FOR MAN.

Nothing has been more indisputably settled by the modern science of biology than that health, or vitality, is as truly and practically the antagonist as it is logically the antithesis, of disease, of every form of disease, and of every cause of disease. And, again, it is one of the most brilliant and by far the most practical of all the demonstrations of modern biology, that the principle we call health or vitality is not only seated, as mankind have always blindly believed, in the Blood, but also that perfect blood is its impregnable citadel, carrying an armament against which the assaults of disease, whether by its antecedent germs or its consequent toxines, are forever impotent.

Upon this great truth, it is clear that an infallible hematherapy might be founded, if only man could find means to realize the condition—perfect blood. Wanting this, the question yet remains: Can perfect blood be borrowed for man? On

certain occasions vital, if not absolutely perfect, blood has been borrowed for the dying by transfusion, and they have been saved. That was to supply deficient quantity of blood, and the means were obviously appropriate; but it was not understood, as it is now in the light of recent science, that blood of superior quality, or vital energy, if thus borrowed and introduced, reinforcing the weak or morbid circulation of the patient, would have power to antagonize, master and expel disease with all its hosts, microbial or toxic, from either tissues, organs or enervated functions. But this is a strict logical consequence of what we now know of the remedial qualities and resistant forces of the blood. Can this logical truth be made practical? And if so, in what manner and to what extent? In a measure sufficient to make a great medical epoch these questions are answered in favor of man by the actual applications of borrowed blood that will be clinically described in these pages.



Society Reports.

CINCINNATI OBSTETRICAL SOCIETY, OCTOBER 29, 1896.

DISCUSSION ON DYSMENORRHEA.

Dr. Palmer—I suppose this subject was postponed on my account for circumstances beyond my control, which are well known to at least most of those present this evening. At the last meeting I was delegated by the president of this society to speak on dysmenorrhea. I had forgotten all about it until the programme was sent out, and what I said was purely impromptu—not written. The subject assigned to me was, "The Value of the Curette in the Treatment of Dysmenorrhea." I spoke of its advantages and disadvantages, and I also spoke of what I regarded as the proper classification of the different varieties of dysmenorrhea. I spoke of what I regarded as neuralgic dysmenorrhea, obstructive dysmenorrhea and membranous dysmenorrhea. A few gentlemen followed my remarks. Dr. Johnstone in particular, perhaps, made as lengthy a series of remarks as I had done, and he took radical grounds, opposing what I said, stating, as I understand it, that there is no such thing as neuralgic dysmenorrhea; that there is no such thing as obstructive dysmenorrhea, that there is no such thing as membranous dysmenorrhea, and that all dysmenorrhea is of two kinds, uterine or ovarian, and that when uterine it arises either from infection or an imperfectly developed condition of the uterus. As it came about time

for me to speak in reply to what had been said I was called peremptorily to a case, over which I had no control. As I retired I made the remark that I protested against the speeches that had been made, one speech in particular, and then I said that I meant nothing offensive to anybody, and nothing I say this evening is intended to be offensive to anybody.

But I do protest against such remarks being made, taking grounds against what I said, in the transactions of this society, without challenge or contradiction. I do take exception to the statements that there is no such thing as neuralgic dysmenorrhea, that there is no such thing as obstructive dysmenorrhea, that there is no such thing as membranous dysmenorrhea and that all dysmenorrhea that is uterine arises from infection or from an imperfectly developed uterus. In my judgment there is such a thing as neuralgic dysmenorrhea, it accords with my experience in diagnosis and in treatment. If there is no such thing as neuralgic dysmenorrhea I certainly have been led astray for a great many years, and I have taught radically wrong.

Is there such a thing as neuralgic dysmenorrhea? I think there is; and let me say again, as I said the other evening, I regard it as the most frequent form of dysmenorrhea, coming on at the very begin-

ning of menstruation, and, it may be, lasting until the end of menstrual life; and it is the most troublesome form to treat in many instances, although often cases can be relieved. I think there is such a thing as neuralgic dysmenorrhea for the following reasons: First, the conduct of cases and the manifestation of symptoms, to my mind, prove there is such a thing. Some of these cases commence at the very inception of menstruation; some do not commence until months afterward; some do not commence until years afterward; some do not commence until after married life, and some do not commence until after parturition. Some when they have commenced or later on stop for one or several months or a few years, and then for some cause return again.

There is great irregularity regarding time, duration and the position of the pain in these cases. Not a few of these cases suffer irregularly in quantity at different times, and not a few of these cases suffer irregularly in position at different times. Again and again have I seen these patients, who have had at one time a severe headache and no uterine pain, or a pain in some other part of the body and another pain seemingly in the pelvic region. And again and again have I seen these pains abate for a few months under a change of the hygiene of life, particularly change of climate. I cannot now but recall the case of a young lady who was under my care. She was probably between 18 and 21 years of age, unmarried, the daughter of a very wealthy, prominent citizen of Cincinnati. She was an over-indulged child. She never did anything about the house. She went out only socially. She dissipated a good deal, remaining up late at night. Her mother, after the young lady had suffered from this trouble for several months, brought her to me. I thought I detected that it was a case of neuralgic dysmenorrhea, and I prescribed some medicines. Her condition was mitigated for a time, not relieved, until after some months her parents took her to Europe. She menstruated for the first time on the vessel, and contin-

ued to menstruate normally while she was in Europe, and at no time did she suffer any pain. Her meals then were more regular; doubtless more nutritious; she was out of doors a good deal, and was diverted in mind by the scenery, and she enjoyed it greatly, and came back much improved. Soon after she returned to her home she again began to suffer, for she returned also to her former bad habits. Now, I have no reason to think that that young lady had an ill-developed uterus or an infected uterus, but I regard that as a typical case of neurotic dysmenorrhea, improved by a changed hygiene and change of climate and diversion of the mind. I have seen numerous cases improve for months and then return to the former condition.

Another reason I think many of these cases are neurotic is because of the absence of any cause in the uterus. I have been struck by the fact that many of these cases have not any alteration in size, in shape, in position, in direction, in condition of the uterus. In many cases the uterus has been absolutely normal in every particular, as far as I could detect in any way; there was no alteration in color and the uterus was absolutely perfect, normal in size and position, as nearly as I could detect, and I think my sense of touch is as accurate as that of most men, and if there had been any alteration I could have detected it.

Thirdly, I think these cases are neurotic for the reason that anti-neurotic treatment relieves them. There is no better treatment for most of these dysmenorrhoeic girls than an improvement of the general hygiene of the body, the quantity and quality of the food and the time of taking the food, and habits of constipation and rest. Many times have I seen these cases improved by improvement of the hygiene of the body. Some remedies have a markedly good effect; most of them fail in effecting a relief. A treatment directed more particularly to the uterus itself—I might say an electrical treatment—has in my experience relieved permanently every case. I use the galvanic or faradic

current, using the positive pole or the negative pole, according to the size of the canal and according to the fact whether the menstruation is too frequent and lasts too long or is too scant.

I wrote pretty extensively on the subject of "Dysmenorrhea" in 1883, and took something of the same general ground. This paper was read before the American Gynecological Society, which that year met in Philadelphia. The paper excited considerable comment, and two prominent members of the society particularly, Chaddick and Fordyce Barker, spoke very complimentary of what I said. I spoke of two remedies in particular, and both of them are addressed largely to the neurotic condition.

Now, I do not desire to convey the idea that I think all cases are neurotic. I do not. I think many cases are neurotic and also spasmodic. I think many cases are rheumatic, and the rheumatic cases are proved to exist by the fact that they are relieved by anti-rheumatic treatment—salicylic acid and salicylate of sodium. Another most useful remedy in these cases is guaiacum, particularly the compound tincture of guaiacum, the old-fashioned Fenner's tincture.

Some of the cases are purely congestive or inflammatory, as proved by the fact that agents most useful in relieving the congestion are most useful in relieving the pain. Often it is only necessary to address the treatment, during the interval, to the relief of the congestion, and the pain is relieved entirely. Unquestionably some cases are obstructive, because when the obstruction is overcome the pain disappears. Now, I do not mean to say all cases are obstructive during all the time. It may be a false membrane is formed. That there is such a thing as membranous dysmenorrhea I have not a particle of doubt, from the fact that we see the membrane, and it is an accepted doctrine. It is similar to a disease of the larynx in which a similar membrane is formed. When the underlying condition is relieved the formation of the membrane ceases to occur and the pain is gone.

Dysmenorrhea is not a disease; it

is a symptom of a disease. Dysmenorrhea is not a disease any more than dyspepsia is a disease; dyspepsia is a symptom of a disordered condition of the stomach, and it may be functional or structural. Dysmenorrhea is not a disease any more than palpitation of the heart, which may be functional or the result of organic changes in the heart. Spinal irritation is somewhat like dysmenorrhea. Spinal irritation is called by many a myth, but it is not a myth; it is a spinal neurasthenia expressive of a general neurasthenia, just as in gastric dyspepsia we have a gastric neurasthenia expressive of a general neurasthenia.

Now, permit me, gentlemen, to read a few lines of what I wrote in 1883 upon this subject: "What, then, is the nature of dysmenorrhea? This is best determined by studying pure and uncomplicated cases."

* These are not instances of dysmenorrhea."

I make that statement for this reason: The ovary is not the menstruating organ. If there is ovarian disease, functional or organic, it may be aggravated about that time; but, as the ovary is not the site of menstruation, the endometrium of the corporal cavity, "being the site of menstruation, must be the site of the difficulty in dysmenorrhea— * * * modern and artificial life.

Now, I would be glad if any of the gentlemen who care so to do would read this article in its entirety, and particularly what is said about it by others.

Now let me say, in conclusion, I do not wish that what I have said should cut off all that is to be said upon this subject. Of course, it would be in parliamentary order, as I understand it, for me to take that position. But should others speak upon the subject, it will then be open for everybody and I will claim the right to close the discussion.

Dr. Johnstone: I have been misquoted. I simply stated that these dysmenorrheas do not deserve a place by themselves, and that there are but two great classes of dysmenorrhea, when you come to the etiology of it—arrested growth and infection. Those are the two primary

causes of dysmenorrhea. Now, I do not wish to make any speech about this; with that correction I am perfectly willing to let it go as it stands. There are some members present who were not at the last meeting, and I would, of course, be perfectly willing to speak further.

Dr. Hall: Before we go further I would like for the society to decide for itself whether or not it is desirable to reopen the discussion of this subject.

(The vote upon reopening the discussion of curettage in dysmenorrhea resulted as follows: Ayes, 8; nays, 0, the remainder of those present not voting.)

Dr. Johnstone: This is a moment that I have been waiting for for four or five years.

Dr. Reamy: Dr. Johnstone, excuse the interruption, but I wish you would state your classification.

Dr. Johnstone: You will hear all of it before we get through.

This all came on me unexpectedly, although for a number of years I have known this would come up at some time. But, like looking for many things, it came when I was not prepared for it. But when that confusing classification, to which I have been a heretic for years, was given us at the last meeting, I could not refrain from making the attack I did. I first heard that old classification from Thomas' lips in 1874, then from Goodell in the early eighties, and it was taught all through the American schools. The more I studied the construction of the endometrium and the pelvis in general the more I was sure that the old classification, which was given us at the last meeting, was a coarse classification, in which all things were jumbled up. The one cloak, behind which we have hid perhaps all others, is neuralgia. I have lived long enough to see neuralgia run out of one specialty. When I graduated neuralgia of the eye was rather common. How is it now? Choked discs and neuritis have cut off a great many cases of so-called neuralgia. Then eye strain and hypermetropia cut off another large block. Then we began to give a name to the lesion, instead of speaking of the

pain in the nerve. Neuralgia simply means a pain in the nerve and that is all; it has been a scapegoat or cloak to the profession for a long time. Whenever anything is said to be neuralgic there is at least a suspicion that we do not know what is the matter; it is a cloak with which we put off the patient and let her think it is something nobody knows anything about; it is neuralgia until many have gotten to think that neuralgia is a disease. After having studied the endometrium and followed closely the applications of the Stephenson wave, knowing what it will do when it goes awry, I was able to arrive at a satisfactory explanation of all these cases of so-called neurasthenic conditions about the pelvis. Let us now consider the classification I made the other night.

There are two great causes which give positive pain in menstruation—arrested development and infection. By arrested development we mean arrest of the neck, arrest of the body, or of both the neck and body; arrest of the ovary, arrest of the tube, arrest of the ligament, arrest of everything, and you know there are arrested growths of all these structures. That is one of the primary causes of difficulty and trouble. And next to that comes infection, because if you have arrested development you are very apt to have pocketing somewhere, particularly of the neck, and the pain comes very often only after infection. You all know how common it is to have a small pin-hole os, which gives no pain. Until there is infection such a patient may have no pain. Again, it often works the other way, and a very small opening, the result of arrested development, may cause pain. Arrested development of the ovaries themselves may give a good deal of pain. The previous speaker has stated that ovarian pain is not dysmenorrhea, but in clinical work we cannot differentiate the two, except in the way we spoke of at the last meeting, that if the pain is relieved by the flow it is very apt to be something above the internal os, and that is about all we can say about it.

My reasons for wanting the classification I suggested are its simplicity

and the fact that it puts us on grounds to hunt for the cause of the trouble. The neuralgic dysmenorrhea is the one I attacked the hardest, and the one I hope to live to see dropped from this specialty, just as neuralgia of the eye has ceased to receive attention by the ophthalmologists. Many cases of so-called neuralgic dysmenorrhea are not the light forms that the preceding speaker has described, that come and go, depending on the condition of the patient, but they persist through life. Many cases have a smouldering cirrhosis of the ovary, the broad ligament, or the uterus itself. I remember helping Mr. Tait remove a pair of ovaries, apparently perfectly healthy. The only thing we could find was in the broad ligament, where we found little hard lumps, resembling jelly in consistency, such as you have all seen who have done these laparotomies. They give rise to more pain and trouble than almost any other such a little trifling thing I know of. Time and again we have all seen cases, which have been called neuralgic dysmenorrhea, and upon operation we would find some old adhesions pulling. So much is this the case that I have laid down the dictum that pain always means tension. There cannot be pain without tension, and it was from that I worked out the intermenstrual pain, that it is either a hard tunica albumina put on the stretch, or it is long filiform adhesions which are put on the stretch. I have now operated on five or six such cases, and have always found this strain to account for them. So that to me pain always means tension. You may, then, ask how I would account for the cases the doctor has just related, who have bad habits and keep themselves upset by bad hygiene. You all know there is nothing more painful than a bad muscle. Every one of you have cases complaining about their legs, who are just getting out of bed after several weeks' rest. Many girls who have pain in the back suffer simply because they do not use the back enough. For that class of girls the bicycle is a perfect God-send. But you will ask, why do these patients

have the pain in the pelvis? As I described in the paper on the Stevenson wave, when the Stevenson wave goes awry it can be the source of pain in the pelvis just as much as any congestion in the liver and stomach and other places, when it strikes too hard. When the liver is all out of shape and the chylipoetic system all engorged, of course it produces these things. It is now being believed by many that the neuralgias of the trifacial are due to effete products which should have been gotten rid of; and the reason the operations upon the Gasserian ganglion are useless is because there is material here which should be gotten rid of.

My claim is that the old classification is only a cloak for us and does not really mean anything. If you study carefully one of these cases, and the woman cannot stand the pain any longer, you are warranted in opening the abdomen and making the diagnosis afterward—that is, when you cannot find anything from below and you are satisfied the general system is in good shape and the Stevenson wave should have its rise and fall without giving trouble. After the patient had wasted her substance on many physicians I have often found the cause in an old adhesion. At the time she should have been nourishing those organs, so they would bloom like a fine rose, she was stunted, probably she had typhoid fever, or a low grade of tuberculosis or a bad hit, or perhaps a tubercular diathesis, etc., and she did not develop as she should have; then the Stevenson wave failed to go through these structures and cleanse them of effete products. This resulted in a thickening of the tunica albuginea, a thickening of the peritoneum itself, giving rise to the formation of connective tissue and pinching some of the nerves. And if you teach a lot of boys that many cases are neuralgic, they are all lazy dogs and they will not work. That is the way with all of us. But until we recognize there is a cause for these cases we will not get down to work and find what is the true cause of the trouble.

As I have said before, I have seen neuralgia run out of one specialty,

for it is the rarest thing in the world for an oculist to speak of neuralgic eye trouble. And I hope to see the

time when we will not be content with the diagnosis of neuralgic dysmenorrhea.

(To be Continued.)

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| COCAINE C.P. ANHYDROUS CRYSTALS. STANDARD OF PURITY THE WORLD OVER. |  | MURIATE BOEHRINGER-B.&S. DISPENSED BY ALL DRUGGISTS |
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FACIAL NEURALGIA FROM USE OF HAIR TONIC CONTAINING LEAD.

Mrs. ———, aged 70, about six weeks ago began the use of a hair tonic which was highly recommended to her. Used it daily on the scalp; rubbed it well in. After one month she began to suffer from neuralgic pains of right side of face. Pains increased; were so much worse from movement of the muscles that she dreaded to open her mouth to eat. Finally she was unable to take any but liquid nourishment. Could not sleep from the pain, and concluded she needed relief.

Treatment was begun with the positive static spray directed upon the course of the nerve trunk. Length of sitting, five minutes. Repeated treatment three times a week. Some relief began at once, but on third visit prescribed K. I., and relief advanced more rapidly. Was much improved ten days after commencing the breeze application. Could eat bread comfortably. Discharged cured nineteen days after first visit. Total number of treatments, nine.

Intercostal Neuralgia.

A. H., male, aged 40. History of exposure to cold ten months ago; attack of jaundice; confinement in hospital ward for two months, and now suffering from excruciating

pains in the lumbar spine, side and front of right half of body. Is not very steady in his habits. Drinks considerably. Has night sweats, and is rapidly losing weight. Began treatment with static current September 30, 1896. Gave about eight minutes of simple positive electrification, followed by sparks to points of pain.

Relief from first sitting lasted two hours. Next relief lasted a day and a half. He then ceased to attend for ten days, and reported that he had been sick in bed with a severe "cold." Repeated treatment as before. General health improved, but pains returned with more or less severity despite treatment, and on October 21 he concluded that further treatment was useless. Nothing more was heard of the case until January 13, 1897, when his former family physician called upon me, and during the conversation mentioned that Mr. H. was very well, had no more neuralgia, and attributed his "cure" to the static treatment received. He had no other remedy while attending clinic, or since.

Prolapsus Ani.

Bridget G., age 50, married, four children, deaf in right ear, very

anemic and neurotic. Among other troubles she suffers from prolapse of the rectum, and has been unable to enjoy a comfortable stool in some years. The tissues were not indurated and thickened, and she was relieved in three treatments. A felt-covered flat electrode was placed under the sacrum, with patient in dorsal position on operating table. Electrode connected with negative pole of coil apparatus. An ordinary rectal electrode was inserted in rectum and connected with the positive pole. Rapid vibrator, four cells and 100-yard No. 16 wire coil were switched into circuit. As soon as current strength was regulated to agreeable tolerance slow interruptions were made by touching a cord tip to one of the terminal posts. This method produces a very different action upon muscle tissue from the action of the usual slow vibrator interruptions. Length of sitting, ten minutes. No prolapse after first treatment. Felt a general benefit, which she was disposed to magnify.

Chronic Sciatica.

M. E., aged 42; packer in dry goods

house; exposed to drafts while in a perspiration. First attack five or six years ago. Present attack began three weeks ago. Leg is now numb; blistered gluteal region for relief, and is now in great distress. Entire course of nerve pains in spots, chiefly at exit from sacrum, middle third of thigh, around knee and foot. Right leg very bad, but left one troubles at times; also stiff about the shoulders and has headaches.

First treatment of static spray and sparks on September 16; relieved, as usual, for a short time only. Second seance relieved a much longer time. After the fourth treatment he resumed work, which he had been obliged to give up. On the fifth visit he reported that he was so much better his foreman would not let him off for further treatment. He came, however, on October 9, with a report of a fresh "cold." Drinks some. One seance relieved. January 13, 1897, called with same story, same pain, and got same relief. This class of cases is rarely "cured," but can always be promptly relieved and will remain in a comfortable state for some time.



Current Medical Literature.

CROTTE'S NEW METHOD OF TREATMENT IN CONSUMPTION.

The French Academy of Sciences has recently appointed a committee, composed of M. Chauveau, the physiologist; M. d'Arsonval, biologist and electrician, and Professor Bouchard, to make a thorough investigation of the alleged new cure for phthisis. Dr. Crotte's patients have been poor persons whom he has treated gratuitously, and it is said that he has greatly improved the condition of six hundred consumptives who had passed beyond the early stages of the disease. The antiseptic known as formaldehyde is inhaled in a gaseous form, and static electricity is at the same time applied to the chest. Dr. Crotte's theory is that the electricity opens the way for the germ-killing antiseptic and permits it to reach the bacilli in the cavities of lung tissue.—N. Y. Med. Rec.

MULTIPLE SCLEROSIS AND CEREBRO-SPINAL SYPHILIS.

Cassirer, of Oppenheim's Poliklinik (Deut. Med. Woch., October 22, 1896) draws attention to the difficulty of distinguishing between these two affections. Thus ocular symptoms in the widest sense, and also symptoms of a spastic paralysis, may occur in both diseases, and even a combination of the symptoms of both diseases has been seen in the same

case. Sachs differentiates between them by the intentional tremor, nystagmus, scanning speech and in cerebro-spinal syphilis by the frequent remissions. Remissions, however, also occur in multiple sclerosis. Oppenheim believes that no importance can be attached to the varying and oscillating course, and that in some cases a differential diagnosis is not possible. The author gives details of three cases: (1) In a woman, aged 51, the motor loss, increased reflexes, bladder and sensory disturbances could belong to either disease, but the loss of the light reflex and the age of the patient were in favor of syphilis. There was no history of syphilis. Although scanning speech and nystagmus were absent, yet the case was thought to be one of multiple sclerosis, especially on account of some tremor on exertion. (2) In a man, aged 28, the age and the absence of a syphilitic history were in favor of multiple sclerosis, yet there was improvement under iodide treatment. Scanning speech and tremor were absent, but nystagmus was noted. In this case there were changes in the fundus oculi, ocular paralysis and alteration in the field of vision. The eye symptoms formed no absolute distinction between the two diseases. The case was looked upon as most probably multiple sclerosis. (3) In a man, aged 31, a sudden hemiplegia improving later, general symptoms of mental confusion and weakness

of memory, ocular paralysis and improvement under antisyphilitic treatment made the diagnosis of cerebro-spinal syphilis probable, but the presence of tremor raised a suspicion of disseminated sclerosis. A year later the latter disease seemed to be most probable, owing to the typical tremor, nystagmus, etc. The hemiparetic and sensory disturbances had disappeared. Apoplectic form hemiplegia may occur in multiple sclerosis. Considerable disturbance of sensation, with a loss of the sense of position, is not often seen in this disease. The improvement may have been spontaneous remission. On account of the resemblances between these diseases the author discusses their possible relationship. The usual view is that syphilis plays no part in the causation of multiple sclerosis. In one set of cases the disease is characterized by its occurrence in more advanced life, by the absence of the usual symptoms of multiple sclerosis (tremor, scanning speech, etc.), by more frequent paralysis, and a more rapid course. In the diseased foci here the axis-cylinders are destroyed, and there is a great development of fibrous tissue. Caseous changes have even been found here. In the third case recorded here, as also in one recently reported by Oppenheim, it could not be denied that the sclerotic plaques may have developed out of encephalo-myelitic foci. Thus may arise the difficulties in diagnosis.

THE HYDRIATIC TREATMENT OF TYPHOID FEVER.

Elmer Lee (Chicago Medical Recorder, January) instead of cold bathing in typhoid fever uses the following method: Water at a temperature of 75 degrees from a fountain syringe hanging from the bedpost is directed through a small sprinkle nozzle first on the front and then on the back of the patient's body. Only a small amount of water is used. After the bath the patient is covered with a blanket, and the water from the spray is allowed to evaporate. This sprinkle bath is repeated every two hours for forty-

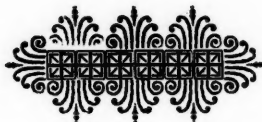
eight hours or so until improvement is manifest, when the intervals are gradually extended. The internal treatment consists in the frequent administration of water with a little digitalin. The colon is also irrigated from time to time with warm water by means of a fountain syringe. A compress of linen wrung out lightly from ice water is placed over the abdomen and covered with flannel. This is changed every hour. No food is given till the patient is fully convalescent. The internal administration of water is based both upon physiological data and experiment. It keeps the blood fluid; it prevents dryness of the skin and mucous membrane; it cleanses the system of waste and is agreeable to the patient, and there is absolutely no contraindication to its use. No case of fatality from typhoid fever has occurred in the author's practice for eight years, or since the adoption of the hydriatic method of treatment. His conclusions are as follows: (1) The internal administration of soft water, in definite doses, of proper temperature, and at regular intervals (with a satisfactory placebo always incorporated), according to the age and sex of the patient, the temperature of the fever, and the character of the urine, against which there are no veritable contraindications. (2) The application of water of suitable temperature to the surface of the body, preferably in the form of a sprinkle or rain contact, at frequent and regular intervals, as indicated by the severity of the symptoms and the age and sex of the patient. (3) The application of compresses of linen wrung dry from iced water, applied over the abdomen and to the head and neck as often as necessary, and so long as the fever continues. (4) The use of warm, cool or cold irrigations of the colon, with plain, soapy or normal salt water, from one to four times a day, and from one to three litres in quantity, during the acute stage and while there is fever. (5) Owing to the absence of hydrochloric acid and peptones in the gastric juice during the febrile stage in typhoid fever, food of every character and of any quantity is contraindicated, and can

only augment the complications and prolong the disease. (6) In collapse and exhaustion from hemorrhage, intravenous transfusion from one-half to two litres of normal salt solution is indicated and strongly recommended. The transfusion or subcutaneous injection is to be repeated from time to time if there are unfavorable reactions after such use. (7) Drugs and stimulants are absolutely contraindicated, as they are not essential to nutrition, but further increase the labor of the system, and exhaust the vitality in the process of oxidation and elimination of tissue waste and toxic products. (8) In the hydropathic management of typhoid fever, ulceration and perforation of the intestine has never been known to take place; also, there are no distressing after-effects, as there are no sequela. (9) It is the author's experience and his belief that when cases are seen within the first five days typhoid fever can be aborted and convalescence established within ten days to two weeks. (10) A treatment which is so simple and which has been proved by hydropathic experience with many thousands of cases, ought to secure its adoption by the whole profession in the interest of science and for the benefit of the sick.

MERCURIAL INJECTIONS IN SYPHILIS.

Barreyre (These de Paris, 1896-97, No. 25) says that, though these in-

jections have been followed by numerous and even fatal accidents—abscesses, pyrexia, gangrenous stomatitis, as well as severe and sometimes atrocious pain—they are the most effective method of attacking severe and rebellious forms of syphilis. Unnecessary in ordinary cases, they are contraindicated by bad conditions of the mouth, kidney disease, diabetes, hemophilia, or even the necessity of getting about on the legs.—Gallois (Soc. de Ther., 9, xii, 1896) recommends the following solution: Neutral benzoate of mercury, 0.25; chloride of sodium and hydrochlorate of cocaine, of each 0.06, to sterilized water, 30 parts. Of this Stoukovenkow, of Kieff, injects 2 g. every day for a month; Gallois only 1 g. in the upper part of the glutei. It causes numbness for a time, but no pain, abscess, albuminuria, diarrhoea of stomatitis.—Hallepeau and Bureau (Soc. de Der. et Syph., 10, xii, 1896) advises salicylate of mercury as one of the least dangerous methods. It is not painful like calomel, and hardly ever causes salivation—according to Tarnovsky only 12 times in 176,000 injections. Its injection ought to be the current practice; it is not contraindicated by, but rapidly removes albuminuria of syphilitic origin. As the mercurial salts all form chlorides in the system, their activity should depend on the facility with which they are absorbed, a condition in favor of the salicylate.



...Ophthalmology...

BY DR. J. A. TENNEY, BOSTON.

STIES.

Dr. De Schweinitz says sties may often be aborted by using a lotion of boric acid, applied hot, or by using yellow oxide of mercury ointment. When suppuration takes place he makes an incision parallel to the edge of the lid.

—Medical Record.

EUCAINE.

Dr. Yarrow, of the Episcopal Hospital, of Philadelphia, gives the following points relative to the use of the drug from his experience.

It is not decomposed by the process of heat sterilization.

It produces slight physiological effects if used in moderate quantities.

It requires 20 minims of a 4 per cent. solution to produce satisfactory local anesthesia.

—Medical Record.

"SECOND SIGHT."

Dr. Roosa states that the swelling of the crystalline lens in old people, which gives rise to the condition popularly called "second sight," is not followed by cataract. He considers this condition as abortive to cataract, or swelling of the lens without opacity.

—Ibid.

FORMALIN.

Dr. Burnett uses a 1 to 2000 solution of formalin in muco-purulent conjunctivitis with much satisfaction, and touches up infecting corneal ulcers with a 1 to 200 to 1 to 60 solution once a day, using at the

same time the 1 to 2000 solution as a collyrium.

Strescheminsky states that formalin is less effective than the ordinary remedies in catarrhal conjunctivitis and has no effect in purulent conjunctivitis and trachoma. He finds it works well in corneal ulcer and in serpent ulcer, when atrophin is used at the same time.

—Ophthalmic Record.

WEAK CYLINDERS.

In an analysis of 4000 cases of ocular headaches Mittendorf found that 4 per cent were caused by astigmatism requiring for its correction a cylinder of less than half a dioptré. He has frequently seen headaches disappear under the use of one-eighth of a dioptré cylinder.

—Trans. Am. Oph. Soc.

INTERSTITIAL KERATITIS.

Von Hippel thinks that hereditary syphilis is the most common cause of interstitial keratitis, but the tubercular diathesis, rheumatism and malaria are causes also.

—Graefe's Archives.

A NEW METHOD OF EXAMINING THE CORNEA.

Dr. Dunn shows the possibility of examining opacities, foreign bodies, etc., in the cornea by bringing the eye of the observer within an inch of the cornea to be studied and moving it back and forth until it catches the rays which emerge from the posterior concave surface of the lens.

—Ophthalmic Record.

Current Surgical Literature.

T. H. MANLEY, M. D., New York, Editor.

SURGICAL TREATMENT OF CANCER.

BY MR. F. T. PAUL.

In all discussions on this subject one of the essential preliminaries is that our judgment shall be founded on correct diagnoses; and since the question of cure in cancer generally concerns cases which have been recognized in an early stage, it is of the first importance that the tumor shall always be submitted to a thorough microscopical examination by a competent observer. Indeed, while it is very satisfactory the patient said to be cured should be produced, it is much more to the point that a section of the growth should be forthcoming. I lay particular stress on this because, as a microscopist of many years, I know that not only are errors in the clinical diagnosis of tumors by no means uncommon, but also that the interpretation of histological appearances is often very difficult, and is not rarely incorrectly stated with considerable assurance.

Another preliminary point which it would be well to agree upon is this: When may a patient be said to be cured of cancer? Three years' immunity from a recognizable lesion has been regarded as sufficient, but I have seen growths recur at seven and at ten years, and I doubt if we can fix a time-limit, or go further than to say that the longer the apparent immunity the greater the probability of permanent immunity. We readily caught at the three years' time-limit. It is both convenient and cheering, but there is nothing in it. When a growth recurs at the same

spot or in the adjacent glands or tissues, we are bound to assume that a microscopic trace of the original disease was left behind; and when that is the case, it reappears in a tangible form rapidly or slowly, as circumstances favor or retard its growth. In my judgment, when a tumor is absolutely and entirely removed—a fact about which no one can be certain—it is cured, and no recurrence of that tumor is possible; though, if the tumor tendency is strongly pronounced, another may develop—a new one, which has no connection with its predecessor.

On the lips epithelioma is usually recognized and treated in an early stage, and is here in a favorable situation for complete removal. This is therefore one of the parts of the body in which a cancer is not rarely cured. Judging from my own experience, I should say that recurrence was the exception and not the rule in early epithelioma of the lip. At the present time I have at the Infirmary a patient aged 74 with a fistula. He has a scar on the lower lip, made by my colleague, Mr. Mitchell Banks, who removed an epithelioma for him twelve years ago. I remember the operation, and have still a section of the growth in my cabinet. He is now quite free from malignant disease, and I am sure that his case is not only unique, but not even uncommon. Epithelioma of the tongue and floor of the mouth is generally very malignant. It is almost always of the ulcerating type, rapidly infects the glands, and is very prone to recur. Cures, I am afraid, are rare. This is one of the parts in which a microscopical examination

is particularly important. I have quite half a dozen specimens of non-malignant ulcers removed by experienced surgeons as cancer; tubercular disease being generally the source of error. In epithelioma of the gums the average results are better; but about the soft palate, fauces and pharynx excision is an operation attended with much difficulty and danger, and is usually only attempted in the most favorable cases. On the whole, carcinoma commencing in the mouth is one of the worst kinds; but occasionally one is agreeably surprised to find a patient still alive, long after one had assumed that a fatal issue had resulted. Recently, for example, a young man turned up at the Infirmary with a recurrence in the scar, for whom I had removed an epithelioma from the inside of the cheek seven years previously. And one of the most successful cases I have ever seen occurred in a Liverpool gentleman, now in excellent health, though somewhat mutilated about the face.

Cancer of the rectum when low down and extirpated early often fails to recur.

Having recently read a paper on the subject, it is unnecessary to go into details again. There is quite sufficient evidence to show what patients may remain permanently well after excision of cancer in this part. I mentioned then the case of a man for whom I removed a cancer, which is in our museum, and of which I have sections. He remained well in England for ten years, and then left for work in America. Nor is the mortality high. With me it has been 10 per cent., and even at this there has been no death when the disease was low down. The fatal cases were all bad examples of Kraske's operation. Sarcoma rarely attacks the large bowel. I have only seen one case, and that was in the rectum. It recurred rather rapidly after removal. At the anus we again meet with epithelioma. It is more malignant than cylindrical-celled carcinoma inside the bowel; but being observed earlier, sometimes offers a very fair chance for a radical cure. (*Liverpool-Medico. Chirurgical Journal*, January, 97.)

BISMUTH TRIBROMPHENYLICUM AS A SURGICAL ANTI-SEPTIC.

C. G. Cumston (Boston Med. and Surg. Journ., January 14) states that of all the groups of antiseptics bismuthum tribromphenylicum, or as it is also termed "zeroform," is recognized as the most active—first, because it contains, besides 49 per cent. of oxide of bismuth, 50 per cent. of tribromphenol, while other products contain only from 10 to 20 per cent. of phenol, cresol or naphthol; and secondly, tribromophenol is more antiseptic than phenol. Bismuthum tribromphenylicum has for chemical formula $C_6H_2Br_3O-Bi-O$, and is rapidly decomposed by acids and bases, especially when heated. But, on the other hand, it may be heated to 110 degrees C. without decomposing, and is thus superior to iodoform because it can be sterilized. It is a fine, yellow, neutral powder, which does not decompose when exposed to light; its odor is slightly carbolic; it is tasteless and does not irritate the mucous membrane of the digestive tract. Cumstone thinks it has a large field of usefulness in surgery. In open wounds, those in which no infection has taken place, the tribromophenol of bismuth will secure union by first intention. It appears to exercise a soothing influence on burns, like iodoform. In cutaneous affections with secretion of pus, such as impetigo and sycosis, the results obtained with this preparation were not satisfactory. In some cases of pruritus localis sine materie the itching was stopped by the application of this product. When applied after the curettement of tuberculous abscess or glands, cicatrisation was rapid. On account of the continual development of tribromophenol and oxide of bismuth, a wound will be kept in perfectly antiseptic condition, while the slightly irritating action of the former gives a fresh and healthy aspect to the wound. One of the properties of iodoform is to produce granulation tissue; tribromophenolate of bismuth and other antiseptics, such as airol, euophen, iodoform, etc., do not possess this property to such a degree; consequently, in

order to cause granulations to spring up, iodoform should be first applied and cicatrization can be accomplished with the bismuth product. This method he tried with success in two cases of fistula in ano after having freely opened, excised and curetted the fungous masses. His experience with bismuthum tribromphenylicum amounts in all to 26 cases, as follows: 5 cuts of the extremities requiring from three to twelve sutures; 1 ulcer molle; 2 operations for bilateral laceration of the cervix; 7 curettements for acute gonorrheal endometritis; 2 cases of vaginitis; 3 operations for tuberculosis of the bones; 1 abdominal hysteropexy; 1 tuberculous abscess of neck; 1 subaponeurotic abscess of axilla; 1 appendicitis, and 2 operations for fistula in ano. In all these cases the powder gave more satisfaction than he had ever had with iodol, eucrophen, iodoform or tincture of iodine, all of which he has thoroughly tried. In the gynecological cases it appeared to him that this product had a marked influence on the regeneration of the epithelium. In no case did he meet with any toxic symptoms, although in the cases of tuberculosis of the bones and tuberculous abscess of the neck in a child aged 11 months he applied the powder very freely in the wounds. He strongly recommends this substance to the profession as a safe and sure antiseptic, and in many respects superior to iodoform or other powders of this class.

THE SILVER SALTS AS ANTISEPTICS AND THEIR VALUE IN SURGICAL THERAPY.

The experiences of Behring, Miller, Bolton and others have clearly demonstrated that the silver salts possess marvelous antiseptic power. Crede has lately discarded all other dressings for those charged with silver.

Lactate of silver, in the citrate, has been preferred. One part is dissolved in 3800 parts of water. It makes a colorless, odorless, non-irritating, non-toxic solution. Crede finally presented the salt, the gauze of which it is made, the catgut, drain and silk, with which it

was permeated, ready for use. In closing he warmly defended the claims of actol-lactate of silver, in hypodermic injections, in local, acute infections, and especially in erysipelas.

CONSERVATION AS A SUBSTITUTE FOR AMPUTATION.

Plucker and Cramer inveigh against the too ready performance of amputation, in any case when limbs should be saved by the utilization of osteoplasty.

By resort to skillful technique, rigorous asepsis and attention to detail, when one bone or part of a bone shaft is crushed, we may resort to transplantation and restore a practically useful limb.

Bardenhauer has lately resorted to division and transplantation of one-half of a healthy metatarsal bone for disease and destruction of an adjacent bone shaft. In cases of the partial or complete destruction of one of the metacarpal or metatarsal bones, in several instances, by this method, he has had the most gratifying results. Twice he applied this method successfully to exterior destruction of the lower end of the radius.

He has also devised and executed successfully a most remarkably ingenious and useful operation for the restitution of the destroyed upper end of the humerus, viz., by detaching the spine of the scapula from its muscular attachments, the cleaving through the ridge close to its base, freeing it on either end and transporting this segment of live bone into the gap left after the removal of the destroyed shaft.

In young subjects the scapular spine is reproduced, care being taken to always leave the periosteal investment behind.

Bardenhauer employed this plan, on a dame of 20 years, with entire success. The operation was not difficult. One has only to avoid damage of the main arteries and nerves.

—Revue De Chirurg., Jan. 1, 97.

A CLINICAL STUDY OF CANCER OF THE RECTUM.

M. C. W. Quenu (Revue De Chirurgie, January, 1897) contrib-

utes a highly-important essay on above topic.

In the beginning he calls attention to the important chemical fact that in the majority of cases of incipient cancer of the rectum there are no visible evidences of deranged health. There is no pain in the earlier stages, no hemorrhage; only possibly a sense of weight over the sacrum.

As a rule, when the disease is well established, there is on each act of defecation some pain, with a mucosanguinolent discharge. We seldom, however, have the largeness of hemorrhagic loss with cancer that we meet with in hemorrhoids.

In malignant disease the blood escaping is always more or less altered and decomposed in the initial stages. As the disease advances pain is experienced on evacuation, the belly becomes distended, and straining is necessary on evacuation of the bowel. Nearly all are sensible of a sense of weight over the sacrum and the coccyx.

Cancer of the stomach acts much like that of the rectum, in being insidious at the onset, and indefinite until hemorrhage begins.

In those cases of annular cancer above the ampulla, one of the first and most prominent symptoms is constipation or positive obstruction.

Cancer involving the anus is always the most painful.

In advanced cases we have evidence of septic infection of the neighboring tissues, ulceration, abscess and fistula; later incontinence follows.

The character of the pain in these cases is peculiar. The patient experiences a sense of fullness in the bowel, the agony being greatly augmented on forcible straining. The distress is less sitting than standing, and less still on taking the recumbent position.

Functional disturbances are marked as the disease advances. In one constipation is more common; in another diarrhoea.

In many there can be little doubt but we have an atony of the colon, as we may notice, not infrequently after a colotomy, the intestine relieved of over-distension takes on renewed energy, and sends the fecal

bolus out through the anus once more. As time advances the general system begins to suffer, first from the local lesion; secondly from infection, and, thirdly, the cancerous dissemination. Several have noted the tendency to secondary deposits in the liver, from the spread of the disease through the portal vein. In women the vagina may be opened into by ulceration, and in men the bladder. The duration of the disease depends on many circumstances; perhaps more than any other on its situation. When surgical relief is possible and undertaken early, the rapid advance of the malady may be arrested, and life considerably prolonged. Of course, when the peritoneum is opened into and the fecal current invades its cavity, death soon follows, although the end may suddenly come from an exhaustive hemorrhage, or the implication of the urinary apparatus.

(Note by the Translator.)

In addition to the above valuable resume on the clinical features of rectal cancer by the distinguished editor of the *Revue De Chirurgie*, a few others may be noted, well to bear in mind, by the practitioner.

The first is the age of the patient.

Suspect hemorrhoids in the rectal troubles of the young, but when one comes under notice over 50 complaining of bleeding "piles," look carefully for malignant disease. The same holds good when one at this stage of life complains of an incessant desire to evacuate the rectum, has a diarrhea, with a tendency to leakage of gases or feces in the rectum.

In the male we will almost invariably find as an associate symptom a tendency to urinary irritation.

It cannot be too positively emphasized that, broadly speaking, we have two types of rectal cancer, as far as the anatomical side is concerned. The first, most common, most painful, readily recognized and treated, are the ano-rectal or the ampullary; the second are those high up, annular in outline, liable to induce stricture, perforation or visceral propagation; insidious in development, very difficult of detection by the inexperienced, and but few of them permit

of radical extirpation. It is only when the cancer is "open" that we have those definite symptoms of hemorrhage and pain present which give the definite stamp of malignancy.

T. H. M.

We wish to call the attention of our readers to the advertisement of The Purdue Frederick Co., who are the proprietors of Gray's Glycerine Tonic Compound. Send for samples and literature.



Miscellany.

NATIONAL CONFEDERATION OF STATE MEDICAL EXAM- INING AND LICENS- ING BOARDS.

Officers—1897.

President, Wm. W. Potter, N. Y.
V. Prests., Charles A. L. Reed, Ohio;
J. N. McCormack, Ky.
Sec.-Treas., A. Walter Suiter, Herki-
mer, N. Y.

Executive Council.

Perry H. Millard, St. Paul.
Jos. M. Mathews, Louisville.
Wm. S. Foster, Pittsburg.
Hugh M. Taylor, Richmond.
Jas. M. Hays, Greensboro, N. C.

Preliminary announcement of the seventh annual meeting.—Office of the president, 284 Franklin street, Buffalo, N. Y., March 15, 1897.

Dear Doctor:

The seventh annual meeting of this confederation will be held in the small banquet hall of the Hotel Walton, at Philadelphia, Monday, May 31, 1897, at 10 o'clock A. M. The following programme has been arranged:

I. Address of welcome by A. H. Hulshizer, of Penna. St. Bd. of Med. Exam.

II. Response by Vice President Reed.

III. Report of Committee on Minimum Standard of Requirements.

IV. Discussion and action thereon.

V. Report of secretary and treasurer.

VI. Annual address of the president.

VII. Some practical experience with, and results of, the medical law of Pennsylvania, William S. Foster, Pittsburg.

VIII. The need for exact information as to the equipment, methods and requirements of our medical schools, J. N. McCormack, Bowling Green, Ky.

IX. Address by Prof. J. W. Holland, M. D., Dean Jefferson Med. Col., Phila.

X. Paper.

XI. Miscellaneous business.

XII. Election of officers.

XIII.—Adjournment.

The object of the confederation is to consider questions pertaining to State control in medicine and to compare methods in vogue in the several States; the collection and dissemination of information relating to medical education, and to consider propositions that have for their purpose advancement of the standards in the United States. A cordial invitation is extended to all members and ex-members of State Medical Boards, and to physicians, sanitarians and educators who are friendly to the objects named to attend the meeting and participate in its proceedings.

By order of the Executive Council.
WILLIAM WARREN POTTER,
President.

A. Walter Suiter, Secretary.

To Members of the Medical Profession, Individually, in the Interests of Medical Science:

As there is evidence tending to prove the theory that all persons predisposed by heredity to consumption have a respiratory capacity or action insufficient for good vigorous health, probably a proportionately small chest with insufficiency of lung

membrane; that the predisposition is mainly or primarily due to this cause—in other words, that the insufficient respiratory function is the special primary feature of the predisposition (a condition which may be, practically, acquired by habit, occupation, etc.)—I desire the co-operation of the profession in an endeavor to help to establish by means of collective investigations the correctness or otherwise of this theory.

In this behalf I hereby ask all physicians who have patients predisposed to or in the early stages of consumption to send me on a post card (will suffice) the information below indicated. As soon as I can study and collate the replies I shall make the results known to the profession.

(1) Give name (or initials); (2) sex; (3) age; (4) occupation; (5) height; (6) weight (average, when in usual state of health); (7) circumference of the chest on a level with sixth costosternal articulation when momentarily at rest after an ordinary expiration; and also (8) after habitual natural expansion or inspiration (which last (8) usually exceeds the first measurement, expiration (7), by an increase of about one-fourth of an inch); finally (9), the circumference after a forced expiration, and also (10) after a forced inspiration (these two measurements (9 and 10) varying or showing a range of from 1.1-2 to 4 inches). The patient should, of course, be as calm as possible, and had better, usually, practice the forced breathing for a few acts before these two last measurements (9 and 10) are taken.

To be of value all four measurements should be taken as carefully, accurately and free from haste as possible.

Any further information, in brief, as to degree of heredity (family history) in cases, prominent symptoms, loss in weight, cough, dullness on percussion, etc., or any remarks will be a decided advantage.

Measurements of two cases, or several, or the average, could be given on one card.

With the hope that many will comply with the above request, and

with much respect for and interest in the profession, I am,

Yours truly,
EDWARD PLAYTER, M. D.,
Ottawa, Ontario.

TWELFTH INTERNATIONAL MEDICAL CONGRESS,

Moscow, Russia, August 19-26, 1897.

J. Klein, President; W. K. Roth, Secretary General.

American National Committee:
J. S. Billings, M. D., New York;
Frank P. Foster, M. D., New York;
Claudius H. Mastin, M. D., Mobile;
S. Weir Mitchell, M. D., Philadelphia;
Charles A. L. Reed, Cincinnati;
George B. Shattuck, M. D., Boston;
F. J. Shepherd, M. D., Montreal;
George F. Shrady, M. D., New York;
W. S. Thayer, M. D., Baltimore;
A. Jacobi, M. D., 110 West Thirty-fourth street, New York, chairman.

New York, March 10, 1897.—In a letter dated Moscow, February 14, the secretary general, Professor W. K. Roth, communicates the following facts for the information of the American physicians who intend to participate in the twelfth international congress, which is to be held at Moscow from August 19 to 26.

The transatlantic steamship companies refuse one and all any reduction of the usual charges. In their replies, most of which are couched in courteous language (the originals are in the possession of the undersigned), they admit the existence of a trust, or contract, or agreement, which prevents them from lowering their prices; a few are so polite as to express their regrets.

Reductions of fares on Russian railroads are expected shortly. The French, Spanish, Swedish and Hungarian railroads promise a reduction of 50 per cent.; so do the Italian for a distance of 500 kilometres; less (down to 30 per cent.) for shorter distances. The Mediterranean lines (Messageries Maritimes, General Italian Navigation Company, Austrian Lloyd) grant from 25 to 50 per cent.

The undersigned chairman is not authorized to issue certificates of any kind in favor of congressists. He will try to ascertain, however, in

which way their movements may be facilitated, and may receive a reply in the second half of April. Extracts of papers to be read before any of the sections ought to reach the secretary general before June 1st, in order to be printed in the preliminary volume.

A special prospectus containing the final details referring to traveling, lodging, festivities, etc., is promised for a near future. It will be communicated at once to the medical journals and to the press of the country.

A. JACOBI.

THE FIFTIETH ANNIVERSARY OF THE AMERICAN MEDICAL ASSOCIATION.

ANNUAL ANNOUNCEMENT.

Office of the Permanent Secretary,
1400 Pine street, Philadelphia.

The forty-eighth annual session will be held in Philadelphia, Pa., on Tuesday, Wednesday, Thursday and Friday, June 1, 2, 3 and 4, commencing on Tuesday at 10 A. M.

"The delegates shall receive their appointment from permanently organized State medical societies and such county and district medical societies as are recognized by representation in their respective State societies, and from the medical departments of the army and navy and the Marine Hospital Service of the United States.

"Each State, county and district medical society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; provided, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Members by Application.—Members by application shall consist of such members of the State, county and district medical societies entitled to representation in this association as shall make application in writing to the treasurer, and accompany said application with a cer-

tificate of good standing, signed by the president and secretary of the society of which they are members, and the amount of the annual subscription fee, \$5. They shall have their names upon the roll and have all the rights and privileges accorded to permanent members, and shall retain their membership upon the same terms.

The following resolution was adopted at the session of 1888:

That in future each delegate or permanent member shall, when he registers, also record the name of the section, if any, that he will attend and in which he will cast his vote for section officers.

Secretaries of medical societies, as above designated, are earnestly requested to forward at once lists of their delegates.

Addresses—"The Presidential Address," Nicholas Senn, Chicago; "Address in Surgery," William W. Keen, Philadelphia; "Address in Medicine," Austin Flint, New York; "Address in State Medicine," John B. Hamilton, Chicago.

Committee of Arrangements—H. A. Hare, 222 S. Fifteenth street, Philadelphia.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS.

Offered by I. N. Love:

Article IV.—Officers. Amend to read, "Each officer shall hold his appointment for one year and until another is elected to succeed him."

Offered by the Executive Committee:

That there shall be made an Executive Council of five consisting of the three officers of the Executive Committee and two officers chosen by election. Of this council of five one must belong to the Section on Practice of Medicine and one to the Section on Surgery and Anatomy. To this Executive Committee shall be delegated all the duties of the Executive Committee during the interval between its meetings.

Offered by H. B. Ellis:

Article IX.—Conditions for further representation State or local medical society, or other organized institution whose rules, regulations and code of ethics agree in principle with those of this Association may

be entitled to representation on the advice or agreement of the Judicial Council."

Offered by L. D. Buckley:

To change the name of the Section on Dermatology and Syphilography to that of "Cutaneous Medicine and Surgery."

EXTRACTS FROM BY-LAWS.

"The Chairman of each section shall prepare an address on the recent advancements in the branches belonging to his section, including suggestions in regard to improvements in methods of work and present the same to the section over which he presides, on the first day of the annual meeting. The reading of such address not to occupy more than 40 minutes."—By-Laws.

"It shall be the duty of every member of the Association who proposes to present a paper or report to any one of the sections to forward either the paper or a title indicative of its contents and length (not to exceed 20 minutes in reading) to the secretary of said section, at least one month before the annual meeting at which the paper or report is to be read."—By-Laws.

4.—The Publication of Papers and Reports.—"Every paper received by this Association and ordered to be published, and all plates or other means of illustration shall be considered the exclusive property of the Association and shall be published and sold for the exclusive benefit of the Association."—By-Laws.

OFFICERS OF SECTIONS.

Practice of Medicine.—J. H. Musser, Philadelphia, chairman; J. T. Priestly, Des Moines, Iowa, secretary.

Obstetrics and Diseases of Women.—Milo B. Ward, Topeka, Kan., chairman; George H. Noble, Atlanta, Ga., secretary.

Surgery and Anatomy.—Reginald H. Sayre, New York, chairman; Bayard Holmes, Chicago, secretary.

State Medicine.—Elmer Lee, Chicago, chairman; Louis Gauges Bishop, New York, secretary.

Ophthalmology.—G. E. de Schweinitz, Philadelphia, chairman; H. M. Starkey, Chicago, secretary.

Diseases of Children.—James A.

Larrabee, Louisville, Ky., chairman; H. E. Tuley, Louisville, Ky., secretary.

Dental and Oral Surgery.—R. R. Andrews, Cambridge, Mass., chairman; Eugene S. Talbot, Chicago, secretary.

Neurology and Medical Jurisprudence.—W. J. Herdman, Ann Arbor, Mich., chairman; Charles H. Hughes, St. Louis, Mo., secretary.

Dermatology and Syphilography.—A. Ravogli, Cincinnati, Ohio, chairman; T. S. Gilchrist, Baltimore, Md., secretary.

Laryngology and Otology.—William E. Casselberry, Chicago, chairman; D. Braden Kyle, Philadelphia, secretary.

Materia Medica, Pharmacy and Therapeutics.—W. B. Hill, Milwaukee, Wis., chairman; F. Woodbury, Philadelphia, secretary.

Physiology and Dietetics.—A. P. Clarke, Cambridge, Mass., chairman; Ephraim Cutter, New York, secretary.

WM. B. ATKINSON, Permanent Sec.

FORTUNES OF BRITISH PHYSICIANS.

The Practitioner records the following amounts devised by doctors in England who have died during the year 1896: Dr. Patrick Fraser, \$2,100,000; Sir John Erichsen, \$450,000; Sir George Humphry, \$400,000; Dr. Samuel Holdsworth, \$265,000; Dr. William Statten, \$200,000; Dr. George Harley and Sir William Moore each \$125,000; Sir George Johnson and Sir Russell Reynolds each about \$60,000. The comment is made by the same authority that these fortunes were not made so much by the accumulation of fees as by judicious investments.

THE TREATMENT OF WARTY GROWTHS OF THE GENITALS.

W. S. Gottheil, in a paper on Epithelioma of the Penis, read before the Society for Medical Progress, November 14, 1896, concludes as follows:

1. Warty growths of the genitals, more especially in the male, are always to be suspected of malignancy, no matter how innocent they seem.

2. They should either be left entirely alone or be thoroughly removed by knife or cautery.

3. Imperfect attempts at destruction by nitrate of silver, carbolic acid, etc., are especially to be avoided, as in many recorded cases they have apparently stimulated a benign growth into malignant action.—*International Journal of Surgery*, January, 1897.

MASSAGE AND MOVEMENTS IN TREATMENT OF FRACTURES.

Davis (*Annals of Surgery*, December, 1896) discusses these adjuncts to treatment in some varieties of fractures, and summarizes as follows: (1) Massage and passive movements are not used to their proper extent in the treatment of fractures. (2) Immobility of the fractured ends favors good union with little deformity. (3) There are some cases in which, owing either to peculiarities of the fracture or to impaired constitution of the individual, the tendency to callus formation is increased. Motion in these tends to form exuberant callus and causes deformity. (4) There are others in which bony union is unduly delayed: disturbance in these hinders union. (5) It is wise to wait till fractured parts are glued together, usually in eight or ten days, before attempting any except the lightest massage, and any extensive passive motion after that time should be used carefully but diligently. (6) Passive motion and massage when first attempted should be of the most gentle character, and not so violent as to disturb the relations of the broken bones. (7) Any marked pain or inflammatory reaction following passive motion and massage is evidence of too great violence. (8) The limb should receive massage and manipulation at each inspection or change of dressing, often daily. (9) In some cases such massage as is possible should be administered without removing splints. (10) Persistent stiffness, particularly in fracture or injuries of the wrist, is often due to a rheumatoid affection locating itself in the injured region. Massage is valuable in the treatment of this.

(11) Massage should be given to that part of a limb beyond the seat of fracture to preserve it in a normal condition. (12) Such dressing and methods of treatment should be adopted as will allow of the greatest use of massage and movements consistent with proper retention of fragments in position.

PUERPERAL BILIARY COLIC.

Eiermann (*Munch. Med. Woch.*, January 12, 1897) says that the records of cases of biliary colic occurring after labor are few. He relates a case occurring in a primipara, aged 29, who suffered from albuminuria and oedema of the legs during pregnancy. Delivery had to be completed by forceps. There was a rupture of the perineum almost into the rectum which had to be stitched up. During the first four days the temperature ranged about 38.7 degrees C., and only fell when the bronchitis from which the patient suffered improved. In five days' time the oedema of the legs disappeared, but now the author was suddenly summoned by the patient owing to shivering and severe pain in the upper part of the abdomen. On the next day there was distinct jaundice, which disappeared in two or three days. After this the patient had thrombosis in the veins of the legs, but ultimately made a good recovery. In this case there had been no previous history of gall stones. The author would attribute the colic to the suddenly-altered pressure relations in the abdomen after labor. It is not possible to speak very definitely about the frequency of gall-stone colic in the puerpal state, but it is not so rare as has been supposed. Gottschalk has seen 9 or 10 cases in ten years. In one case the colic reappeared after a subsequent pregnancy, the patient having been free from it in the meantime. The diagnosis may be difficult if there is no jaundice. Kraus has recently stated that the first attack of colic occurs in a large number of cases during pregnancy or after parturition. Freund has seen undoubted cases of gall-stone colic after the removal of large pelvic tumors.

SCHLEICH'S INFILTRATION ANESTHESIA.

Noarck (Munch. Med. Woch., February 9, 1897) says this method is harmless so long as too much cocaine is not used in lengthy operations or those embracing a wide area. He refers to two cases in which slight intoxication symptoms were produced, but this was the result of personal susceptibility, and could be avoided with increased experience. Everything must be ready for the operation, so as to avoid loss of time when once the tissues have become anesthetic. That a little pain should be felt when the edematous fluid is absorbed is no real argument against this method. The number of cases in which it cannot be used are steadily diminishing. Before the injections the skin at the site of the operation should not be kept enveloped in wet dressings for too long, as there is likely to be considerable resistance to the infiltration. Too much pressure should not be employed, as it might lead to sloughing in the infiltrated parts. The author has most frequently used this infiltration anesthesia for the purpose of cleaning and stitching up wounds, including the search for divided tendons. He has amputated, resected and disarticulated fingers under it. For whitlows and suppurative inflammation of tendon sheaths it has proved very useful to him. Furuncles, carbuncles, cold abscesses, rectal fistula, ingrowing nails have also been dealt with by him under this anesthesia. Tapping of serous cavities, and even resection of ribs can be carried out under it. The removal of small tumors and operations for hemorrhoids have also been accomplished by the author with the help of this method. He has, in addition, employed it in a case of cholecystotomy, and in several cases of removal of the vermiform appendix, of hernia, etc. For tracheotomy and trephining the mastoid he has not found it available. The author con-

cludes that Schleich's infiltration anesthesia is a valuable assistance in operations, even in the more important ones, and especially for the general practitioner.

DISORDERS OF SLEEP.

Dr. John K. Mitchell (American Textbook of Applied Therapeutics, edited by Dr. J. C. Wilson, 1896), in discussing the disorders of sleep, makes a number of excellent general remarks upon the use of hypnotic measures in these conditions. In the first place he emphasizes the necessity of "studying the whole surroundings of the case, the personal peculiarities, the character of the room, the bed, the patient's habits of food, and to modify these in any needed way, else our drugs may be of no effect." When we can he considers it better to use other therapeutic measures than drugs, and that even the use of an hypnotic does not need to preclude these in addition if they seem to be indicated. "In giving a sleep-producing dose," he continues, "the least possible amount of the drug should be used, preferring to repeat small doses at intervals rather than to begin with a large one; but there should be no fear of giving the full dose when the conditions call for it. With no class of drugs does individual idiosyncrasy have a larger share in aiding or hindering the effect than with hypnotics." Among the hypnotics mentioned Dr. Mitchell considers trional and sulfonal as the two most useful in the order of usefulness. Both of them seem to be entirely without depressing action upon the heart. In the administration of sulfonal he prefers that it be given in small doses frequently repeated rather than too much at once. The best plan, in his opinion, is to give 5 grains every half-hour beginning an hour or two before bedtime. In all, from 15 to 50 grains may be given in hot solution, or in capsule or cachet.

